STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155319	A. BUILDING _____ B. WING _____	R-C 05/22/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON GARDENS	375 S 11TH ST CLINTON, IN 47842

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit [PSR] to a Recertification and State Licensure Survey completed on 3/28/12. This visit included the PSR to the Investigation of Complaint IN00105028 completed on 3/28/12. Complaint IN00105028-corrected Survey date: May 22, 2012 Facility Number: 000212 Provider Number: 155319 AIM Number: 100285040 Survey Team: Laura Brashear, RN-TC Mary Weyls, RN Teresa Buske, RN Census bed type: SNF/NF: 72 Total: 72 Census payor type: Medicare: 10 Medicaid: 47 Other: 15 Total: 72 Sample: 9 Clinton Gardens was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey and the Investigation	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 000}	Continued From page 1 of Complaint IN00105028. Quality review completed on May 25, 2012 by Bev Faulkner, RN	{F 000}		